

232739

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Taxi Certificate from  
Abd Elsalam Touma on behalf of Salam  
Transportation LLC

RECEIVED

OCT 11 2011

PSC SC  
CLERK'S OFFICE

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2011 - 422 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Abd Elsalam Touma

Telephone: 843-303-5931

Address: 80 America Street, Apt B

Fax: 843-554-7409

Charleston, SC 29403

Other:

Email: abdoutouma@hotmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

COPY

☐ Application - Class A/A Restricted☒ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement

Posted: tod

Dept: N/A

Date: 10/12/11

Time: 10:15

☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

905

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: October 5, 2011

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Salam Transportation LLC

80 America Street, Apt B, Charleston, SC 29403

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-303-5931

Phone

843-554-7409

Fax

abdoutouma@hotmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and addresses of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

LLC - Single Member - Abd Elsalam Touma

80 America Street, Apt. B

Charleston, SC 29403

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:

Month October Year 2011

#### Assets:

Cash	2,772.00
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	5,350.00
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
<b>Total Assets*</b>	<b>8,122.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	7,122.00
<b>Total Liabilities</b>	
Capital Stock	1,000.00
Retained Earnings	0.00
<b>Total Equity</b>	<b>1,000.00</b>
<b>Total Liabilities and Equity*</b>	<b>8,122.00</b>

\* Total Assets = Total Liabilities and Equity

**PROPOSED RATES AND CHARGES FOR SERVICE**

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$3.00 per mile or \$60.00 per hour.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                                |                                                |                                     |                                     |                                       |
|------------------------------------------------|------------------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville             | <input type="checkbox"/> Cherokee              | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda       |
| <input type="checkbox"/> Aiken                 | <input type="checkbox"/> Chester               | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg  |
| <input type="checkbox"/> Allendale             | <input type="checkbox"/> Chesterfield          | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter       |
| <input type="checkbox"/> Anderson              | <input type="checkbox"/> Clarendon             | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union        |
| <input type="checkbox"/> Bamberg               | <input type="checkbox"/> Colleton              | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell              | <input type="checkbox"/> Darlington            | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York         |
| <input type="checkbox"/> Beaufort              | <input type="checkbox"/> Dillon                | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |                                       |
| <input checked="" type="checkbox"/> Berkeley   | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide    |
| <input type="checkbox"/> Calhoun               | <input type="checkbox"/> Edgefield             | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |                                       |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield             | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |                                       |



**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to

The following insurance quote is for:

Salam Transportation, LLC.

Name of Applicant

80-B America St. Charleston, SC 29401.

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 5723<sup>00</sup>

Limits 500,000.

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000  
8-15 Passengers\* \$ 25,000/100,000/25,000

\* Passengers = Number of seatbelts in the vehicle,  
including the driver's seatbelt

National Casualty Company.

Name of Insurance Company

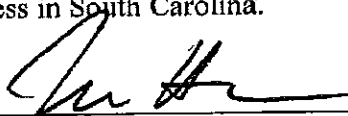
8877 GAINES CENTER DR SCOTTSDALE, AZ 85258

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10/15/2011

Date



Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Salam Transportation LLC  
Name of Applicant

---

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes ☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes ☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes ☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes ☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

ARD ELSALAM TOUMIA  
Applicant's Signature

Shareholder

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF DORCHESTER )

SWORN TO BEFORE ME

This 11th day of OCTOBER, 2011

[Signature]  
Notary Public

Commission Expires 2-17-20

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

SALAM TRANSPORTATION LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on September 21st, 2011, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
22nd day of September, 2011.

A handwritten signature in cursive script that reads 'Mark Hammond'.

Mark Hammond, Secretary of State

**STATE OF SOUTH CAROLINA**  
**SECRETARY OF STATE**  
**ARTICLES OF ORGANIZATION**  
 Limited Liability Company - Domestic  
 Filing Fee - \$110.00

CERTIFIED TO BE A TRUE AND CORRECT COPY  
 AS TAKEN FROM AND COMPARED WITH THE  
 ORIGINAL ON FILE IN THIS OFFICE

SEP 21 2011

*Mark Hammond*  
 SECRETARY OF STATE OF SOUTH CAROLINA

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Salam Transportation LLC

**\*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."**

2. The address of the initial designated office of the limited liability company in South Carolina is

80 American Street, Apt B

Street Address

Charleston

29403

City

Zip Code

3. The initial agent for service of process is

Abd Elsalam E. Touma

Name

*ABD ELSALAM TOUMA*  
 Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

80 American Street, Apt B

Street Address

Charleston

29403

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) Abd Elsalam E. Touma

Name

80 America Street, Apt B

Street Address

Charleston

SC

29403

City

State

Zip Code

- (b)

Name

Street Address

State

Zip Code

110922-0007

FILED: 09/21/2011

SALAM TRANSPORTATION LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

Form Revised by South Carolina  
 Secretary of State, May 2011

Name of Limited Liability Company Salam Transportation LLC

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified, \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code
- (b) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  
\_\_\_\_\_
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

ABD EL SALAM TOUKA  
Signature of Organizer09-20-2011  
Date\_\_\_\_\_  
Signature of Organizer\_\_\_\_\_  
Date

**OFFICIAL 3 YEAR DRIVER RECORD**

Customer No.: 32315160 Driver L  
Name : TOUMA, ABD ELSALAM E  
Address : 80 AMERICA ST APT B  
City : CHARLESTON State: SC Zip: 294036726  
County : CHARLESTON  
DOB: 01/12/1955 Sex: M Driver Training: N

Status - DL: NO SUSPENSION CDL: NO DISQUALIFICATION

**License Information**

Type	Class	Function	Issued	Expires	First Issued	Rest.	Endor.
Current							
DL	D	Renewal	02/22/2011	01/12/2016	02/22/2010	N	N
Prior							
DL	D	Re-exam	02/22/2010	02/22/2011	02/22/2010	N	N

Certified to be a true and correct  
copy of the original document on file  
with the South Carolina Department of  
Motor Vehicles.

**Point Summary**

Total Current Points: 2  
Driver Credit: -0  
Adjusted Current Points: 2

*A. L. Phelps*  
Driver Services, Deputy Director

VIOL: 421-Speeding 10-mph or less  
Violation: 02/01/2011 Conviction: 03/15/2011  
ACD: S51 Conviction Loc Ref:  
Conviction State: SC

Ticket#: 80059FG  
Recd: 04/01/2011 Post: 05/02/2011  
Conviction Reference:  
Court Type: Magistrate Court  
Violation Points: 2 Current Points: 2

**OOS Driver License Surrendered**

OOS License No.: 3923721  
Date Surrendered: 02/19/2010  
Reason For Return: OOS LICENSE EXCHANGE FOR SC LICENSE

OOS Jurisdiction: YT Issued: 03/03/2009

End of Report

**SOUTH CAROLINA DEPARTMENT OF MOTOR VEHICLES**

0060 CHARLESTON  
180 LOCKWOOD BLVD  
CHARLESTON, SC 294030000

Receipt of Fees Paid  
09/26/2011 08:36:29

32315160  
TOUMA, ABD ELSALAM E  
80 AMERICA ST APT B  
CHARLESTON, SC 294036726

Reference No: 75456152

**Services:**

Customer Name	Service Description	Identifier	Amount
TOUMA, ABD ELSALAM E	INFO REQUEST	DL- OFFICIAL 3 YE	\$6.00
		Donate Life SC:	\$0.00
		Total Fees Due:	\$6.00

**Payments:**

Cash		\$6.00
	<b>Total Payments:</b>	\$6.00

Visit our web site at [www.scdmvonline.com](http://www.scdmvonline.com)

**SLED CATCH**  
Citizens Access to Criminal Histories  
Results

Hello \*\*

Name **Abd el salam Touma**

Dal

Maiz

**NO ARREST DATA**  
IN ACCORDANCE WITH  
SEARCH CRITERIA SUBMITTED  
S.C. Law Enforcement Division  
WWW

Transaction **004490720**

Date of Check **October 5, 2011 at 14:31**

---

To Whom it may Concern:

The criminal history search was based upon the criteria furnished. It did not include a fingerprint comparison, which is the only means of positive identification. This **NO ARREST DATA** verification is only valid as of October 5, 2011 at 14:31 since a record may be established after that time. Therefore, if no action is taken within a reasonable period, it is recommended that another check be made.

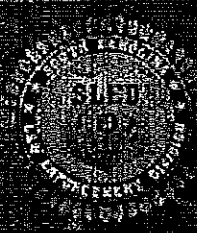
Sincerely,



Chief Mark Keel  
South Carolina Law Enforcement Division

Credit Card Transaction Number **1317839317ICE480111005143107**

---



# South Carolina LAW ENFORCEMENT DIVISION


[Search for Offenders in your area](#) [Register for Email Alerts](#) [Safety Tips](#) [Links](#) [Contact](#)


**Offender Search: Results** [Print Page](#)

Found 0 offenders

Name: Touma City:

#	Alert	Name	Address	City	Zip	Type	View Details
Found 0 offenders							
Name: Touma City: Viewing locations 0 through 0							

 **Non-Mappable Offenders**

 **Search Another Address**

Click [here](#) for a list of offenders with un-mappable or incomplete addresses.

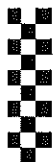
Click [here](#) to search for offenders using another address.

### Tell A Friend

Share this information with a friend!

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1227 Remount Road  
North Charleston, SC 29406  
Phone: 843-554-5770  
Fax: 843-554-7409

**E.J. Meadows, Jr., AP**

# Fax

**To:** Public Service Commission

**From:** Cristie

**Fax:** 803-896-5199

**Pages:** 20 Including Cover

**Phone:**

**Date:** 10/11/2011

**Re:** Salam Transportation LLC

**CC:**

-- Urgent    -- For Review    -- Please Comment    -- Please Reply    -- Please Recycle

---

● **Comments:**

Sir or Madam:

Following is the application package for Salam Transporation LLC.

Cristie McComick

This transmission is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged and confidential. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, distribution, or copying of this information is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone or fax.